

Notice of Intent: UST Permanent Closure or Change in Service

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

RECEIVED
N.C. Dept. of EHNR

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

MAY 05 1995

I. OWNERSHIP OF TANK(S)

Tank Owner Name: BILCO Corporation

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: P.O. Box 3118

County: Forsyth

City: Winston-Salem State: NC Zip Code: 27102

Tele. No. (Area Code): 910-724-3661

II. LOCATION OF TANK(S)

Facility Name or Company: The Pet Grooming Shop

Facility ID # (if available) none issued

Street Address or State Road: 3350 Valley Road

County: Forsyth City: W-S Zip Code: 27104

Tele. No. (Area Code): None - Closed

III. CONTACT PERSON

Name: Larry Messick Job Title: Partner/Owner Telephone Number: (910) 724-3661

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Salem Environmental/Certifoam Services

Address: P.O. Box 5535, Winston-Salem State: N.C.

Zip Code: 27113

Contact: Harvey Danner, Pres. Phone: 910-661-9231

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>550(?)</u>	<u>Unknown</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>	<u>280(?)</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Larry Messick, Owner

*Scheduled Removal Date: May 31st, 1995

Signature: [Signature]

Date Submitted: Apr. 28th, 1995

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

DATE RECEIVED

STATE USE ONLY

I.D. NUMBER

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

BILCO Corporation

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

P.O. Box 3118

Street Address

Forsyth

County

Winston-Salem, N.C. 27102

City

State

Zip Code

910-724-3661

Area Code

Phone Number

(If same as Section I, mark box here ☐)

The Pet Grooming Shop

Facility Name or Company Site Identifier

3350 Valley Road

Street Address or State Road

Forsyth

County

Winston-Salem, 27104

City (nearest)

Zip Code

Type of Owner (mark all that apply)

☒ Current☐ State or Local Gov't☒ Private or

Corporate

☐ Former☐ Federal Gov't☐ Ownership

(GSA facility I.D. no.)

Uncertain

Facility I.D. # if assigned

Indicate number of regulated tanks at this location

2

Indicate number of all tanks at this location

2

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

☐

III. CONTACT PERSON FOR TANK LOCATION

Larry Messick

Name

Partner/Owner

Job Title

910-724-3661

Area Code

Phone Number

IV. TYPE OF NOTIFICATION (Mark "X" for all that apply)

☒ EXISTING UST☐ NEW UST☐ LEAK DETECTION (LD) Certification☐ UST UPGRADE☐ Change of Ownership☐ AMENDMENT of a previous notification for these USTs at this facility

"Existing" UST

= an UST system installed on or before December 22, 1988.

"New" UST

= an UST system installed after December 22, 1988.

"LD Certification"

= notification of compliance with leak detection requirements.

UST "Upgrade"

= addition of corrosion protection and spill/overflow prevention equipment.

V. DESCRIPTION OF ALL USTs AT THIS FACILITY

Tank Identification No. e.g., A, B, C, or 1, 2, 3,	Tank No. 1	Tank No. 2	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Date of Installation	Unknown	Unknown				
2. Total Capacity (Gallons)	550	280				

3. Materials of Construction
choose all that apply

A. FRP (fiberglass reinf. plast.)

B. Steel (with dielectric coating)

C. Steel /FRP Composite

D. Other (specify)

U. Unknown

Tank No. <u>1</u>		Tank No. <u>2</u>		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping

Use Codes listed above

U

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4. Certification of Installation (Refer to North Carolina Administrative Code, Title 15A, Subchapter 2N, Section .0301) [use all codes that apply]

A. The installer has been certified by the tank and piping manufacturers.

C. Installation inspected and certified by a registered professional engineer.

E. Manufacturer's installation work check-lists has been completed.

Use Installation Codes (A, B, or C)	Tank No. 1	Tank No. 2	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Date Install. Completed	Unknown	Unknown				

OATH: I certify that the information concerning installation provided in Part V. Item 4 (above) is true to the best of my belief and knowledge.

Installer:

N/A - Unknown

Print Name

Job Title

Company Name

Company Address

Signature

Date

5. Piping System

	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Use Piping system codes	<u>S</u>	<u>S</u>				

6. Leak Detection [LD] (use any code or combination of codes that apply) [Refer to 15A NCAC 2N .0504 & .0505]

A. Periodic tank tightness testing "TTT" F. Interstitial monitoring- double walled tank/piping J. Manual tank gauging
 B. Inventory Control* G. Interstitial monitoring-secondary barrier K. Statistical Inventory Reconciliation "SIR"
 C. Automatic tank gauging "ATG"* H. Automatic line leak detectors "LLD" O. Other method allowed by State Agency. Must specify.
 D. Vapor monitoring I. Line tightness testing "LTT" N. None
 E. Groundwater monitoring X. Exempt under 280.41(b)(2) (i)-(v) [piping only]

* Options A, B, and C are not stand-alone methods and may only be used in one of the following combinations: A and B or C and B.

	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
	Tank	Piping	Tank	Piping	Tank	Piping
Use LD Codes	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>		
Date LD initiated	<u>N/A</u>	<u>N/A</u>				

7. Upgrade (use any code or combination of codes that apply) [Refer to 15A NCAC 2N .0402]

Corrosion Protection

A. Sacrificial Anode C. FRP Tank/Piping E. Steel/FRP composite N. None
 B. Impressed Current D. Dielectric coating F. Internal lining U. Unknown

	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
	Tank	Piping	Tank	Piping	Tank	Piping
Use Corrosion Protection Codes (above)	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>		
Date Installed	<u>—</u>	<u>—</u>				

Spill and Overfill

A. Catchment Basin B. Automatic Shutoff Device C. Overfill Alarm D. Ball Float Valve N. None

	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Use Spill/Overfill Codes	<u>N</u>	<u>N</u>				
Date Installed	<u>—</u>	<u>—</u>				

8. Substances Last, Currently, or to be stored in Greatest Quantity by Volume (mark all that apply)

	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
a. Petroleum (Specify: Unleaded Reg., Unleaded Plus, Diesel, K-1, Used Oil, etc.)	<u>Unknown</u>	<u>Unknown</u>				
b. Hazardous Substance Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No.						
c. Other (specify)						

VI. FINANCIAL RESPONSIBILITY

☒ I have financial responsibility in accordance with 15A NCAC 2Q.
 Mark "x" here if financial responsibility compliance date is deferred by 15A NCAC 2Q Section .0202.
 Method: Self-Insured
 Insurer: _____
 Policy Number: _____

VII. CERTIFICATION (Read and Sign After Completing Section I Thru VI)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Larry Messick, Owner
 Name and official title of owner or owner's authorized representative
 Signature: _____
 Date Signed: 4/28/95